



*Embassy of the United States of America
Yaounde, Cameroon*

**Small Grants Program
B.P. 817 Yaoundé, Cameroon**

PEPFAR Small Grants Program Application

The **Ambassador's PEPFAR Small Grants Program** application form is FREE of charge and the Embassy DOES NOT request any payment to receive and evaluate a project.

Funding Opportunity #: AFYDE-PSGCLM-GR-POLECON-2020

Date: _____

1. ORGANIZATION'S INFORMATION (please provide copy of registration certificate and bylaws)	
1.1 Organization Identity and Contact Information	
Name of group or organization:	
Type of group (check where appropriate):	<input type="checkbox"/> CIG <input type="checkbox"/> Association <input type="checkbox"/> NGO <input type="checkbox"/> Health organization <input type="checkbox"/> Educational organization <input type="checkbox"/> Other (specify) _____
Name of President /Delegate	First: _____ Last: _____
Address or P.O. Box:	
Telephone:	
E-mail (obligatory):	
1.2 Organization's Project Manager (if any)/Alternate Group Contact Information (different from 1.1)	
Name:	First: _____ Last: _____
Title:	
Address or P.O. Box:	
Telephone:	
E-mail (obligatory):	
1.3 Description of Organization	
When was your organization legalized? (attach paper)	
How many members?	
How often do you meet?	
How are you organized?	
What are your main activities?	
If Yes:	Amount: _____ Year: _____ Project title/type: _____



*Embassy of the United States of America
Yaounde, Cameroon*

	Project Site:
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2. ORGANIZATION'S PAST EXPERIENCE

2.1 Previous projects carried out by the organization (cite one HIV/AIDS related project/activity, if any)

Project 1	Title:	
	Type:	
	Main Donor:	
	Amount:	Donor's share = Group's contribution = Project total amount =
	Year	
Project 2	Title:	
	Type:	
	Main Donor:	
	Amount:	Donor's share = Group's contribution = Project total amount =
	Year	

2.2 Reference (cite 2 references that know your organization and its activities, but are not members or representative of your organization)

Name	Organization & Title	Contact (telephone and E-mail)

3. PROJECT INFORMATION

3.1 Executive Summary

3.2 Project Identification

Project Title:	
Project Type:	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other health threats (specify) _____
Cite Project Deliverables (e.g.: equipment, trainings, workshops, sensitization campaigns, etc.):	1. 2. 3.
Project target Health Zone:	<input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4 (specify zone _____)

3.3 Project Location

Village or Quarter:	
Subdivision:	



*Embassy of the United States of America
Yaounde, Cameroon*

Division:	
Region:	

NB: Every project considered for funding will be visited before final approval. Please include location plan (sketch/ directions) with your application specifying how to get to your location.

3.4 Project Description <i>(Attach Project Logical Framework Matrix separately)</i>
3.4.1 Number of Beneficiaries
Men _____ Women _____ Boys _____ Girls _____ Total _____
3.4.2 Project Background <i>(describe the context of the project)</i>
3.4.3 Project Justification <i>(why is this project necessary?)</i>
3.4.4 Project Objectives <i>(overall goal and specific objectives)</i>
3.4.5 Project Results <i>(give results and state how they shall be measured)</i>
Outputs:
Outcomes:
3.4.6 Project activities
3.4.7 Project Expected Impact <i>(Describe the long term effects of your project. Identify all performance indicators that will be employed.)</i>
Impact:
Key Performance Indicators and targets:
3.4.8 Project Monitoring and Evaluation <i>(What is your evaluation plan?)</i>



*Embassy of the United States of America
Yaounde, Cameroon*

3.4.9 Project Risks (Identify risk/assumptions and ways to address and mitigate them.)	
3.4.10 Project sustainability strategy	
3.4.11 Project Timeline (Explain how long it will take to complete the project and attach an activity timeline like the sample on the last page of this form)	
3.5 Project Financial Summary	
3.5.1 General financial details (Attach your project detailed budget or cost estimate to your application. For equipment purchase, include pro forma invoices from at least two different sources.)	
What is the total cost of this project?	
How much money have you already raised for this project and has it been used? In FCFA:	Raised:
	Used:
Who provided this money?	
How much additional contribution will your organization make??	
Are other embassies, donors, or government agencies providing money or support for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details:
3.5.2 Embassy grant	
How much money are you requesting from the United States Embassy?	FCFA:
How will the money be used?	Attach project budget (see template)

Signature of President/Delegate

Name: _____
Title: _____
Date: _____

Signature of Local Health Authority

Name: _____
Title: _____
Date: _____



*Embassy of the United States of America
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Applicant Check List

- Include a budget similar to Sample A on the following page or the Excel sample file provided.
- Include a timeline similar to Sample B on the following page.
- Attach a short Log frame matrix.
- Attach a list of indicators and their targets.
- Include a location plan (sketch/directions) of how to locate your office.
- Verify that you have provided a correct and current mailing address, telephone number, and e-mail address.
- Sign the application.
- Make a copy of the application and all supportive documents for your records.
- Do not submit any documents that were not requested.
- Send the original completed/signed application to the U.S. Embassy.

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Sample A: Budget

The budget should be stated in local currency (francs CFA) and should include a budget summary and a budget narrative that includes the details of the costs associated with each line items and other relevant information to support the proposed budget. There should be a direct relationship between the activities described in the proposal and the budget. All proposals should use the following sample budget format.

BUDGET SUMMARY: USE AN EXCEL SHEET

Date:

Name of organization:

Phases	Budget line/Item	USA Embassy (FCFA)	Organization's contribution	Other donors (if any)	Total
Phase 1	Activity 1	500,000	-	-	500,000
	Activity 2	-	-	-	-
	Activity 3	190,000	-	-	190,000
	Sub-total phase 1	690,000	-	-	690,000
Phase 2	Activity 4	900,000	-	-	900,000
	Activity 5	-	-	-	-
	Activity 6	300,000	-	-	300,000
	Activity 7	120,000	-	-	120,000
	Activity 8	320,000	-	-	320,000
	Activity 9	300,000	-	-	300,000
	Sub-total phase 2	1,940,000	-	-	1,940,000
Phase 3	Activity 10	100,000	-	-	100,000
	Activity 11	100,000	-	-	100,000
	Final reporting	-	-	-	-
	Sub-total phase 3	200,000	-	-	200,000
	Grand Total	2,830,000	-	-	2,830,000

NB:

- **Name the activity**
- **7% of the budget is allowable for the monitoring of the project**



Sample B: Activities Timeline

All proposals should use the following sample activities timeline.

Project Activities	February – September 2021											
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept				
Phase I												
Activity 1	X											
Activity 2 and 3		X										
Phase II												
Activity 4			X									
Activity 5 and 6				X								
Activity 7 and 8					X							
Activity 9						X						
Phase III												
Activity 10							X					
Activity 11								X				
Writing Final Report								X				
Evaluation								X				